



FH
[REDACTED]

STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[REDACTED]

DECISION

MGE/142761

PRELIMINARY RECITALS

Pursuant to a petition filed July 30, 2012, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Milwaukee Enrollment Services in regard to Medical Assistance, a hearing was held on September 06, 2012, at Milwaukee, Wisconsin.

The issue for determination is whether Petitioner's Medicaid eligibility is correctly subject to meeting a deductible and whether the agency has correctly determined the amount of that deductible.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:

[REDACTED]

Respondent:

Department of Health Services
1 West Wilson Street
Madison, Wisconsin 53703

By: Alma Lezama

Milwaukee Enrollment Services
1220 W Vliet St
Milwaukee, WI 53205

ADMINISTRATIVE LAW JUDGE:

David D. Fleming
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES # [REDACTED]) is a resident of Milwaukee County.
2. Petitioner filed this hearing request to contest the imposition of a \$5953.78 Medicaid deductible.

3. Petitioner receives Social Security disability benefits in the amount of \$1056.00 per month. As of July 2012 Petitioner also began to receive \$137 per week of unemployment compensation benefits or \$548.00 per month. Thus total income is \$1604.00. From this is deducted a \$20.00 personal allowance.
4. After the \$20.00 personal allowance, Petitioner's income (\$1604.00 - \$20.00 = \$1584.00) is compared to the MA income limit for one person (\$591.67). The excess monthly income, \$992.33 (\$1584- \$591.67), is multiplied by 6 to create the 6-month deductible of \$5953.78.

DISCUSSION

When a person receives SSI they are typically eligible for Medicaid (MA). That is not true for recipients of Social Security Disability Income or retirement income; while the elderly and disabled are typically nonfinancially eligible for MA those individuals must still meet financial requirements. *See generally §49.47, Wis. Stats.*

When a person's income is over the Medicaid income limit a Medicaid deductible, also known as a spenddown, must be met before eligibility begins, *See Wis. Stats. § 49.47(4)(c) 2; Wis. Admin. Code, § DHS 103.08(2)(a) and Medicaid Eligibility Handbook (MEH), §§24.1. & 24.2.* The MA income limit for a one or two person household is \$591.67. *See MEH, §39.4.1.* MA deductibles are calculated for six-month periods. *See Wis. Admin. Code, § DHS 103.08(2)(c) and MEH, § 20.2.0.* The deductible is met by incurring medical expenses that equal the dollar amount of the deductible. *MEH, §24.2.*

The rules and regulations governing the Medicaid program allow no exceptions and the Division of Hearings and Appeals does not have the authority to alter the law on this program.

I have reviewed the county agency's deductible calculations and do not find any errors in the new determination of a \$5953.78 deductible.

CONCLUSIONS OF LAW

1. That the Petitioner is ineligible for Medical Assistance due to excess income.
2. That the county agency correctly redetermined that Petitioner is required to meet a Medical Assistance deductible in the amount of \$5953.78 in order to found eligible for Medicaid.

THEREFORE, it is

ORDERED

That this appeal is dismissed.

REQUEST FOR A REHEARING

This is a final administrative decision. If you think this decision is based on a serious mistake in the facts or the law, you may request a rehearing. You may also ask for a rehearing if you have found new evidence which would change the decision. Your request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and tell why you did not have it at your first hearing. If you do not explain these things, your request will have to be denied.

To ask for a rehearing, send a written request to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875. Send a copy of your request to the other people named in this decision as

"PARTIES IN INTEREST." Your request for a rehearing must be received no later than 20 days after the date of the decision. Late requests cannot be granted.

The process for asking for a rehearing is in Wis. Stat. § 227.49. A copy of the statutes can be found at your local library or courthouse.

APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the appropriate court no more than 30 days after the date of this hearing decision (or 30 days after a denial of rehearing, if you ask for one).

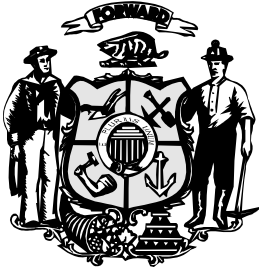
For purposes of appeal to circuit court, the Respondent in this matter is the Department of Health Services. After filing the appeal with the appropriate court, it must be served on the Secretary of that Department, either personally or by certified mail. The address of the Department is: 1 West Wilson Street, Madison, Wisconsin 53703. A copy should also be sent to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400.

The appeal must also be served on the other "PARTIES IN INTEREST" named in this decision. The process for appeals to the Circuit Court is in Wis. Stat. §§ 227.52 and 227.53.

Given under my hand at the City of Milwaukee,
Wisconsin, this 15th day of October, 2012

David D. Fleming
Administrative Law Judge
Division of Hearings and Appeals

c: Division of Health Care Access and Accountability, DHSDHADHCAA@Wisconsin.gov -
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Enrollment Services



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The preceding decision was sent to the following parties on October 15, 2012.

Milwaukee Enrollment Services
Division of Health Care Access and Accountability